

<b>Case Number:</b>	CM13-0044125		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a female with date of injury 6/17/2012. Per primary treating physician's progress report the injured worker complains of ongoing neck, mid and low back pain. She states that her low back pain is primarily left sided and her neck and mid back pain is right sided. She does report headaches at the posterior aspect of her neck as well as numbness in her right wrist and numbness in her feet. On exam gait is normal and non-antalgic. Tenderness to palpation to the cervical, thoracic and lumbar paraspinals. Spasms of the cervical spine paraspinal muscles noted. Range of motion of cervical, thoracic and lumbar spine is decreased in all planes. Decrease sensation right C6, C7, and C8 dermatomes. Decreased sensation right L5 dermatome. Motor exam 5-/5 right upper extremity, 5-/5 bilateral tibialis anterior, EHL, inversion, plantarflexion and eversion. Diagnoses include cervical, thoracic and lumbar sprain/strain, possible cervical radiculopathy and history of peptic ulcer disease.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**LIDOPRO CREAM 4 OZ #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29; 111-113.

**Decision rationale:** The request for LidoPro Cream 4 oz was not certified by the claims administrator because the contents of the prescribed medication was not provided by the requesting provider. Lidopro ointment contains the active ingredients Methyl Salicylate 27.5%, Capsaicin 0.0375%, Lidocaine 4.5% and Menthol 10%. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines do recommend the use of topical Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since Capsaicin 0.0375% is not recommended by the guidelines, the use of LidoPro Cream is not recommended. In addition, the medical documentation does not clearly show that the injured worker did not respond to or was intolerant of other treatment options to justify the use of topical analgesics. The request for LidoPro Cream 4 oz, is determined to not be medically necessary.